



## **Volunteering Australia**

**Personal Accident Insurance**

**Proposal Form**



# **AON**

*ABN: 17 000 434 720 AFSL No. 241141*

*GPO Box 4189  
Sydney NSW 2001  
Tel: (02) 9253 7000  
Fax: (02) 9253 7299  
Toll Free: 1800 806 584*

Name Of Insured:

Trading Name (If applicable)

A.B.N. Number

Street Address

Postal Address (If different to street address)

Contact Name And Phone No:

Facsimile No: (If Applicable)

Email Address (If Applicable)

Website Address (If Applicable)

Nature of Business

**Description Of All Activities Undertaken By Volunteers (Including Mutual Obligation & Work Experience):**

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**Maximum Number Of Volunteers Involved Split Between (How frequently are activities undertaken i.e. daily, weekly, etc):**

1 Indoor Volunteers  
(Clerical Staff)

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2 Outdoor Volunteers  
(Collections, Working Bees, Drivers, Etc)

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3 Outdoor Volunteers: Hazardous  
(Where Manual Work Is Being Carried Out)

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4 Mutual Obligation

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5 \* Other Activities

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**\*NB These Will Be Referred By Aon To Insurers**

6 Do You Carry Out Work Experience  YES  NO

If YES, How Many Work Experience People Do You Place Each Year \_\_\_\_\_

In What Industries Or Type Of Organisations?

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**Period Of Insurance:**  
From:

To: 1<sup>st</sup> May

(Common Due Date Of All Policies 1<sup>st</sup> May Each Calendar Year)

**Sum Insured:**

Death & Capital Benefits      \$ \_\_\_\_\_ (Minimum \$25,000)

Weekly Benefits                      \$ \_\_\_\_\_ (Minimum \$500)

**Claims History**

Have You Ever Made An Insurance Claim Or Suffered An Uninsured Loss For This Class Of Insurance?

YES     NO

If YES, Please Provide Full Details Of The Claim, Date Of Loss, Insurer, Amount Paid.

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Has Any Insurer Declined A Proposal Form From You Or Cancelled Or Refused To Renew Your Policy Or Imposed Special Terms:

YES     NO

If YES, Please Provide Details Including Name Of Insurer And Reason

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**THE INSURANCE DOES NOT COVER DEATH OR DISABLEMENT CONSEQUENT UPON YOUR PARTICIPATING IN OR TRAINING FOR:-**

- a) Any Professional Sport, Or Any Of The Following Amateur Sports, Mountaineering, Boxing, Wrestling, Football, Hockey, Polo, Rugby, Soccer, Speleology, Underwater Activities, Water Skiing.
- b) Naval, Military Or Airforce Service, Or Operations (Excluding Part-Time Activities Of The Citizen Military Forces).
- c) Ski-Jumping Or Competitive Ice Or Snow Sports.
- d) Riding On Motor Cycles Or Motor Scooters Over 250cc.
- e) Driving Or Riding In Any Kind Of Race.
- f) Hang Gliding Or Flying In Ultra-Light Aircraft As A Pilot Or Passenger.

**NB: If Cover Is Required For Any Of The Above Same Will Need To Be Referred To Aon With Full Details Of The Activities And Numbers Of Volunteers Participating.**

## **IMPORTANT NOTICES**

### **Insurance Contracts Act 1984**

#### **Disclosure**

You Have A Duty To Disclose To The Insurer Every Matter Known To You Which You Know (Or Could Reasonably Be Expected To Know) To Be Relevant To Their Decision To Provide Insurance And If So, On What Terms. If You Fail To Comply With This Duty, The Insurer May, Depending Upon The Circumstances, Avoid Or Adjust The Insurance Cover.

#### **Other Agreements**

The Policy Excludes Any Event Where You Agreed Not To Recover Monies From Persons Liable To Compensate For Loss.

#### **Declaration**

I Declare That All Answers And Statements In This Proposal Form And Any Attachments Are True And Correct. I Authorise Pacific Underwriting Corporation Pty Limited To Obtain From Other Insurers Or An Insurance Reference Bureau Any Information Relating To This Insurance Or Any Other Insurances Held By Me.

I Have Read The Notice About The Insurance Contracts Act 1984. I Agree To Be Bound By The Terms And Conditions Of The Policy And By The Limits Of The Cover That I Have Requested.

**Signature Of Applicant:**

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**Position:**

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**Date:**

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